

General Assembly

Raised Bill No. 7170

January Session, 2017

LCO No. 4097



Referred to Committee on PUBLIC HEALTH

Introduced by: (PH)

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING THE INTEGRATION OF MUNICIPAL HEALTH DEPARTMENTS INTO REGIONAL HEALTH DISTRICTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (Effective July 1, 2017) (a) As used in this section
- 2 and sections 19a-241 to 19a-245, inclusive, of the general statutes, as
- 3 amended by this act:
- 4 (1) "Planning region" means a planning region of the state, as
- 5 designated or redesignated by the Secretary of the Office of Policy and
- 6 Management, or the secretary's designee, under section 16a-4a; and
- 7 (2) "Executive board" means the executive board of a regional health
- 8 district.
- 9 (b) Each regional council of government organized under the
- 10 provisions of sections 4-124i to 4-124p, inclusive, of the general
- statutes, for each planning region shall appoint a transitional regional
- 12 health director who shall be a current director of a local health district

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within the planning region. A transitional regional health director shall be responsible for leading the transition to the regional health district model established pursuant to the provisions of sections 19a-240 to 19a-243, inclusive, and 19a-245 of the general statutes, as amended by this act. A transitional regional health director shall be appointed, after approval of the commissioner, on or before July 1, 2018, for a term of two years, or until an appointment of a regional health director has been made pursuant to section 19-242, as amended by this act. Any appointment of a transitional regional health director shall require the approval of the Commissioner of Public Health. If a regional council of government fails to appoint a transitional regional health director on or before July 1, 2018, or if a vacancy occurs in such position, a transitional regional health director shall be appointed by the commissioner.

(c) Not later than January 1, 2020, each transitional regional health director appointed under subsection (b) of this section shall submit a joint report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health, that includes recommendations for statutory changes that would facilitate the transition to a regional health district model.

- Sec. 2. Section 19a-241 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2017*):
 - (a) Towns, cities and boroughs, by vote of their respective legislative bodies, after a public hearing, may unite to form district departments of health, which shall be instrumentalities of their constituent municipalities. The affairs of any such district department of health shall be managed by a board, which shall have all the duties exercised or performed immediately prior to the effective date of the creation of such district by directors of health or boards of health of the municipalities and which shall exercise all the authority as to public health required of or conferred upon the constituent municipalities by

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law and shall have the powers of the district set forth in section 19a-243. Towns, cities and boroughs may, in like manner, join a district department of health previously formed with the approval of the board of such district.

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(b) Each town, city and borough, which has so voted to become a part of any such district, shall, by its board of selectmen, city council or board of burgesses, appoint one person to be a member of such board. Any town, city or borough having a population of more than ten thousand inhabitants, as annually estimated by the Department of Public Health by a method comparable or similar to that used by the United States Bureau of the Census, shall be entitled to one additional representative for each additional ten thousand population or part thereof, provided no such municipality shall have more than five representatives on a district board of health. The term of office for members of the district board of health shall be three years, except that: (1) A district board of health containing only one town may elect to have one-year or three-year terms of office, and (2) during the initial formation of a board with three-year appointments, appointments shall be so made that approximately one-third of the board shall be appointed for one year, approximately one-third appointed for two years and approximately one-third appointed for three years. Members of the district board of health shall serve without compensation but shall receive their necessary expenses while in the performance of their official duties.

(c) On and after July 1, 2020, district departments of health shall cease operations, transition to or become a part of a regional health district. On and after said date, each planning region shall have a regional health district that shall (1) be comprised of and be an instrumentality of the constituent town, cities and boroughs within the planning region. The affairs of any such regional health district shall be managed by an executive board that shall have all the duties exercised or performed immediately prior to the effective date of the creation of such regional health district by directors of health, boards of health of

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- 78 the constituent towns, cities and boroughs, or district departments of
- 79 health, and (2) exercise all the authority as to public health required of
- 80 or conferred upon the constituent towns, cities and boroughs by law
- 81 and shall have the powers of the regional health district set forth in
- 82 section 19a-243, as amended by this act.
- 83 (d) On and after July 1, 2020, the regional council of governments,
- 84 organized under the provisions of sections 4-124i to 4-124p, inclusive,
- 85 shall appoint for each planning region at least ten people to be
- 86 members of the executive board. At least one member shall be from
- 87 each of the following categories: (1) A licensed physician or surgeon;
- 88 (2) a licensed advanced practice registered nurse; (3) a licensed oral
- 89 health professional; (4) a licensed mental health professional; and (5) a
- 90 member of the public. Members may not serve in more than one
- 91 capacity to satisfy the requirements of this subsection. The
- 92 <u>Commissioner of Public Health, or the commissioner's designee, shall</u>
- 93 <u>be an ex-officio, nonvoting member of the executive board.</u>
- 94 (e) The term of office for members of the executive board appointed
- 95 <u>under subsection (d) of this section shall be three years from the date</u>
- 96 of appointment, except that during the initial formation of the board,
- 97 appointments shall be so made that approximately one-third of the
- 98 <u>board shall be appointed for one year, approximately one-third</u>
- 99 appointed for two years and approximately one-third appointed for
- 100 three years. Members of the executive board shall serve without
- 101 compensation but shall receive their necessary expenses while in the
- performance of their official duties.
- Sec. 3. Section 19a-242 of the general statutes is repealed and the
- following is substituted in lieu thereof (*Effective October 1, 2017*):
- 105 (a) The board shall, after approval of the Commissioner of Public
- 106 Health, appoint some discreet person, possessing the qualifications
- specified in section 19a-244, to be director of health for such district,
- and if he is not selected within sixty days from the formation of any

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such district, or if a vacancy in said office continues to exist for sixty days, such director shall then be appointed by said commissioner. The board may appoint a person to serve as the acting director of health during such time as the director of health is absent or a vacancy exists, provided such acting director shall meet the qualifications for directors of health in section 19a-244, or such other qualifications as may be approved by said commissioner. Upon the appointment of a director of health under the provisions of this section, the terms of office of the directors of health of the towns, cities or boroughs forming such district shall terminate.

- (b) Such director of health may be removed whenever a majority of the directors of such health district find that such director of health is guilty of misconduct, material neglect of duty or incompetence in the conduct of his office.
- (c) On and after July 1, 1988, each district health department shall provide for the services of a sanitarian certified under chapter 395 to work under the direction of the district director of health. Where practical, the district director of health may act as the sanitarian.
- [(d) As used in this chapter, "authorized agent" means a sanitarian certified under chapter 395 and any individual certified for a specific program of environmental health by the Commissioner of Public Health in accordance with the Public Health Code.]
- (d) On and after July 1, 2020, for each regional health district, the executive board shall appoint a person possessing the qualifications specified in section 19a-244, as amended by this act, to serve as a regional health director for such regional health district for a term of not more than two years. Any appointment of a regional health director shall require the approval of the Commissioner of Public Health. If the executive board fails to make such appointment on or before sixty days after the formation of any such regional health district, or if a vacancy occurs in such position, such regional health

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140 director shall then be appointed by the commissioner. The executive 141 board may appoint, after approval of the commissioner, a person to serve as the acting regional health director during such time as the 142 regional health director is absent or a vacancy exists, provided such 143 acting director shall meet the qualifications for regional health 144 145 directors in section 19a-244, as amended by this act, or such other 146 qualifications as may be approved by the commissioner. Upon the 147 appointment of a regional health director under the provisions of this 148 section, the terms of office of the directors of health of the town, cities, 149 boroughs or district departments of health forming or located in such 150 regional health district shall terminate.

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- (e) A regional health director appointed under subsection (d) of this section may be removed as provided in section 19a-244, as amended by this act, or whenever a majority of the executive board finds that the regional health director is guilty of misconduct, material neglect of duty, incompetence in the conduct of the regional director's office or violation of any provisions of such regional health director's written agreement specified under section 19a-244, as amended by this act.
- (f) On and after July 1, 2020, each regional health director shall annually file, at the end of each fiscal year of the regional health district, a report on the provision of the basic health program required under section 19a-207a and other information as may be prescribed by the commissioner.
- Sec. 4. Section 19a-243 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2017*):
 - (a) Each board may make and adopt reasonable rules and regulations for the promotion of general health within the district not in conflict with law or with the Public Health Code. The powers of each district shall include but not be limited to the following enumerated powers: (1) To sue and be sued; (2) to make and execute contracts and other instruments necessary or convenient to the exercise

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of the powers of the health district; (3) to make and from time to time amend and repeal bylaws, rules and regulations; (4) to acquire real estate; (5) to provide for the financing of the programs, projects or other functions of the district in the manner described in subsection (b) of this section; and (6) to have such other powers as are necessary to properly carry out its powers as an independent entity of government.

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(b) A district may, without limiting its authority under other provisions of law, borrow money for the purpose of carrying out or administering a district project, program or other function authorized under this chapter, or for the purpose of refinancing existing indebtedness, or temporarily in anticipation of receipt of current revenues, and provided the board shall hold a public hearing on any such proposed borrowing which is estimated by the board to increase the annual apportionment of district expenses made pursuant to subsection (c) of this section by more than seven per cent over levels currently established. The board shall give one week's notice of such hearing in a newspaper having a circulation in each constituent municipality of the district. The district may enter into note, loan or other agreements providing that such borrowings shall be payable from or secured by one or more of the following: (1) A pledge, lien, mortgage or other security interest in any or all of the income, proceeds, revenues and property, real or personal, of its projects, assets, programs or other functions, including the proceeds of payments, grants, loans, advances, guarantees or contributions from the federal government, the state of Connecticut, the constituent municipalities of the district or any other source; or (2) a pledge, lien, mortgage or other security interest in the property, real or personal, of projects to be financed by the borrowing. Such borrowings and obligations shall not constitute an indebtedness within the meaning of any debt limitation or restrictions on, and shall not be obligations of, the state of Connecticut or any municipality. No constituent municipality of a district shall be liable for any such borrowing or obligation of the district upon default. Neither members of the board

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nor any person executing on behalf of the district any note, mortgage, pledge, loan, security or other agreement in connection with the borrowing of money by a district shall be personally liable on the obligations thereunder or be subject to any personal liability or accountability by reason of the entrance into such agreements. Each pledge, agreement or assignment made for the benefit or security of any such borrowing entered into pursuant to this subsection shall be in effect until the principal and interest on such borrowing for the benefit of which the same were made have been fully paid, or until provision is made for the payment in the manner provided therein. Any pledge or assignment made in respect of such borrowing secured thereby shall be valid and binding from the time when the pledge or assignment is made; any income, proceeds, revenues or property so pledged or assigned and thereafter received by the district shall immediately be subject to the lien of such pledge, without any physical delivery thereof or further act; and the lien of any such pledge or assignment shall be valid and binding as against parties having claims of any kind in tort, contract or otherwise against the district irrespective of whether such parties have notice thereof. Neither the resolution, trust indenture, agreement, assignment [or] nor other instrument by which a pledge is created need be recorded or filed, except for the recording of any mortgage or lien on real property or on any interest in real property.

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(c) The board shall meet at least quarterly and at other times determined by the chairperson. At its September meeting it shall elect a chairperson and it shall furnish the necessary offices and equipment to enable it to carry out its duties. The board may elect an executive committee, consisting of the chairperson and two other members, and the director of health, who shall serve without a vote, and such executive committee shall have power to act when the board is not in session. The fiscal year of each district department of health shall be from July first to June thirtieth, and, by June thirtieth in each year, the board shall estimate the amount of money required to pay the costs

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237 and expenses of the district during the ensuing fiscal year, provided, if 238 any municipality within the district has a fiscal year which begins on 239 July first, such estimate shall be made by April thirtieth of each year. 240 Such board shall hold a public hearing on its proposed budget, <u>not less</u> 241 than two weeks' notice of which shall be given in a newspaper having 242 a circulation in each constituent municipality of such district. From 243 time to time, the board shall draw upon the treasurer of each town, 244 city or borough within the district a proportionate share of the 245 expenses of such district, from such funds as may have been 246 appropriated by each, to pay the cost of operating the district, 247 including debt service on borrowings of the district, such 248 apportionment to be made equitable on a per capita basis as 249 established by the last annual population estimate by the Department 250 of Public Health for each participating town, city or borough.

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(d) The board of each district department of health shall dissolve upon the establishment of the executive board under section 19a-241, as amended by this act. On and after July 1, 2020, each executive board shall meet not less than annually. The executive board shall make and modify, as necessary or desirable, regional health district bylaws and may adopt other reasonable rules and regulations for the promotion of general health within the regional health district not in conflict with public health statutes or regulations. On and after said date, the powers of each regional health district shall include, but not be limited to, the following enumerated powers: (1) To sue and be sued; (2) to make and execute contracts and other instruments necessary or convenient to the exercise of the powers of the regional health district; (3) to make and from time to time amend and repeal bylaws, rules and regulations; (4) to acquire real estate; (5) to provide for the financing of the programs, projects or other functions of the regional district in the manner described in subsection (e) of this section; and (6) to have such other powers as are necessary to properly carry out its powers as an <u>independent entity of government.</u>

(e) On and after July 1, 2020, a regional health district may, without

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limiting its authority under other provisions of law, borrow money for the purpose of carrying out or administering a regional health district project, program or other function authorized under this chapter, or for the purpose of refinancing existing indebtedness, or temporarily in anticipation of receipt of current revenues, and provided the executive board shall hold a public hearing on any such proposed borrowing that is estimated by the executive board to increase the annual apportionment of regional health district expenses made pursuant to subsection (f) of this section by more than seven per cent over levels currently established. The executive board shall give one week's notice of such hearing in a newspaper having a circulation in each constituent municipality of the regional health district. On and after said date, the regional health district may enter into note, loan or other agreements providing that such borrowings shall be payable from or secured by one or more of the following: (1) A pledge, lien, mortgage or other security interest in any or all of the income, proceeds, revenues and property, real or personal, of its projects, assets, programs or other functions, including the proceeds of payments, grants, loans, advances, guarantees or contributions from the federal government, the state of Connecticut, the constituent municipalities of the regional health district or any other source; or (2) a pledge, lien, mortgage or other security interest in the property, real or personal, of projects to be financed by the borrowing. Such borrowings and obligations shall not constitute an indebtedness within the meaning of any debt limitation or restrictions on, and shall not be obligations of, the state of Connecticut or any municipality. No constituent municipality of a regional health district shall be liable for any such borrowing or obligation of the regional health district upon default. Neither members of the executive board nor any person executing on behalf of the regional health district any note, mortgage, pledge, loan, security or other agreement in connection with the borrowing of money by a regional health district shall be personally liable on the obligations thereunder or be subject to any personal liability or accountability by reason of the entrance into such agreements. Each pledge, agreement

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or assignment made for the benefit or security of any such borrowing entered into pursuant to this subsection shall be in effect until the principal and interest on such borrowing for the benefit of which the same were made have been fully paid, or until provision is made for the payment in the manner provided therein. Any pledge or assignment made in respect of such borrowing secured thereby shall be valid and binding from the time when the pledge or assignment is made. Any income, proceeds, revenues or property so pledged or assigned and thereafter received by the regional health district shall immediately be subject to the lien of such pledge, without any physical delivery thereof or further act. The lien of any such pledge or assignment shall be valid and binding as against parties having claims of any kind in tort, contract or otherwise against the regional health district irrespective of whether such parties have notice thereof. Neither the resolution, trust indenture, agreement, assignment nor other instrument by which a pledge is created need be recorded or filed, except for the recording of any mortgage or lien on real property or on any interest in real property.

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(f) On and after July 1, 2020, the executive board shall meet at least quarterly and at other times determined by the chairperson or the Commissioner of Public Health. At its first meeting, it shall elect a chairperson and it shall furnish the necessary offices and equipment to enable it to carry out its duties. The executive board may elect an executive committee, consisting of the chairperson and two other members of the executive board, and the regional health director, who shall serve without a vote, and such executive committee shall have power to act when the executive board is not in session. The fiscal year of each regional health district shall be from July first to June thirtieth, and, by June thirtieth in each year, the executive board shall estimate the amount of money required to pay the costs and expenses of the regional health district during the ensuing fiscal year, provided, if any municipality within the regional health district has a fiscal year which begins on July first, such estimate shall be made by April thirtieth of

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337 each year. Such executive board shall hold a public hearing on its 338 proposed budget, not less than two weeks' notice of which shall be 339 given in a newspaper having a circulation in each constituent municipality of such regional health district. From time to time the 340 341 executive board shall draw upon the treasurer of each town, city or 342 borough within the regional health district a proportionate share of the 343 expenses of such regional health district, from such funds as may have 344 been appropriated by each, to pay the cost of operating the regional 345 health district, including debt service on borrowings of the regional 346 health district, such apportionment to be made equitable on a per 347 capita basis as established by the last annual population estimate by 348 the Department of Public Health for each participating town, city or 349 borough.

Sec. 5. Section 19a-245 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2017*):

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(a) Upon application to the Department of Public Health, each health district that has a total population of fifty thousand or more, or serves three or more municipalities irrespective of the combined total population of such municipalities, shall annually receive from the state an amount equal to one dollar and eighty-five cents per capita for each town, city and borough of such district, provided (1) the Commissioner of Public Health approves the public health program and budget of such health district, (2) the towns, cities and boroughs of such district appropriate for the maintenance of the health district not less than one dollar per capita from the annual tax receipts, and (3) the health district meets the requirements of section 19a-207a, within available appropriations. Such district departments of health are authorized to use additional funds, which the Department of Public Health may secure from federal agencies or any other source and which it may allot to such district departments of health. The district treasurer shall disburse the money so received upon warrants approved by a majority of the board and signed by its chairman and secretary. The Comptroller shall quarterly, in July, October, January

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370 and April, upon such application and upon the voucher of the 371 Commissioner of Public Health, draw the Comptroller's order on the 372 State Treasurer in favor of such district department of health for the 373 amount due in accordance with the provisions of this section and 374 under rules prescribed by the commissioner. Any moneys remaining 375 unexpended at the end of a fiscal year shall be included in the budget 376 of the district for the ensuing year. [This] Such aid shall be rendered from appropriations made from time to time by the General Assembly 377 378 to the Department of Public Health for this purpose.

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(b) On and after July 1, 2020, upon application to the Department of Public Health, each regional health district shall annually receive from the state a pro rata share of appropriations made to the General Assembly for support of regional health districts, which pro rata share shall be determined by calculating the percentage of the total population of the state that such regional health district serves, provided (1) the Commissioner of Public Health approves the public health program and budget of such regional health district, (2) the towns, cities and boroughs of such district appropriate for the maintenance of the regional health district not less than one dollar per capita from the annual tax receipts, and (3) the regional health district provides, within available appropriations, the basic health program required under section 19a-207a. On and after said date, such regional health districts are authorized to use additional funds, which the Department of Public Health may secure from federal agencies or any other source and which it may allot to such regional health districts. The district treasurer shall disburse the money so received upon warrants approved by a majority of the board and signed by its chairman and secretary. On and after said date, the Comptroller shall quarterly, in July, October, January and April, upon such application and upon the voucher of the Commissioner of Public Health, draw the Comptroller's order on the State Treasurer in favor of such regional health district for the amount due in accordance with the provisions of this section and under rules prescribed by the commissioner. Any

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moneys remaining unexpended at the end of a fiscal year shall be included in the budget of the district for the ensuing year. Such aid shall be rendered from appropriations made from time to time by the General Assembly to the Department of Public Health for this purpose. For purposes of this subsection, "population" means the most recent population estimates certified by the Commissioner of Public Health pursuant to section 19a-2a.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2017	New section
Sec. 2	July 1, 2017	19a-241
Sec. 3	October 1, 2017	19a-242
Sec. 4	July 1, 2017	19a-243
Sec. 5	July 1, 2017	19a-245

Statement of Purpose:

To integrate the local health departments and districts into regional health districts for purposes of standardizing the operations of such departments and districts and the services such departments and districts provide to members of their communities.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

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